

PCP Data Collection Form
02.01.07

Region: _____ **Consumer:** _____ **Planning Date:** _____

ISC: _____ **Date Received at Regional Office:** _____

Planning Process Coordinator: _____ **PPC Agency:** _____

Day Activity Type: Center Based ☐ Community Based ☐ Whole Life ☐ None ☐ If none, state reason _____

Guardianship type: Full Public ☐ Limited Public ☐ Full Private ☐ Limited Private ☐ Self ☐

Guardian(s) Name(s): _____ The Guardian is DHHS ☐

CAB Correspondent: _____ No CAB Correspondent ☐

Planning Process Choice: Person Centered Planning ☐ Other Planning Process ☐

1. The following individuals participated in the preplanning process. Please indicate whether the individual participated in preplanning discussions and/or returned the completed Response Sheet for Essential PCP Information (*Response Sheet*)

	Response Sheet	Preplanning
a. Person/Self		
b. Guardian		
c. ISC/Community CM		
d. CAB Correspondent		
e. Advocate		

2. A summary of the Response Sheet is attached to the PCP: Yes ☐ No ☐ N/A ☐ Consumer/guardian chose not to have Response Sheet used

2a. The results from the Summary of the Response Sheet were used in **preplanning**: Yes ☐ No ☐

2b. The names of the individuals completing Response Sheet are listed on the summary. Yes ☐ No ☐ Partial ☐

3. During the **preplanning process**, did the consumer identify a sensitive issue to be discussed in another forum with or without the consumer present? Yes ☐ No ☐

3a. Was the sensitive issue discussed in another forum? Yes ☐ No ☐

4. Reportable events were reviewed during **preplanning process**: Yes ☐ No ☐ N/A, no reportable events ☐

4a. The time frame reviewed for reportable events: _____ to _____

5. Did the consumer have a crisis event in the last 12 months that met criteria for an IST? Yes ☐ No ☐ (If no, go to Question 6)

5a. Did an IST take place for the individual in the previous 12 months? Yes ☐ No ☐

Date(s) of IST(s): _____

5b. Did the planning document include a review of all IST recommendations? Yes ☐ No ☐

5c. Did the planning document outline the team's responses to IST recommendations? Yes ☐ No ☐

6. The following people were invited, notified, attended or participated in the **planning meeting**: (check all that apply)

	Invited/ Notified	Attended (physically present at planning meeting)	Participated (may include telephone, correspondence)
a. Person/Self			
b. Guardian			
c. ISC/Community CM			

	Notified	Invited	Absence because of Objection	Attended (physically present at planning meeting)	Participated (may include telephone, correspondence)
d. CAB correspondent					
e. Advocate					

PCP Data Collection Form

02.01.07

7. If the individual does not have a traditional day program, does the plan include a description of the ongoing activities of the individual's whole life program? Yes ☐ No ☐ N/A ☐

8. The planning document reflects all **needs** have been identified. Yes ☐ No ☐

8a. Those needs not addressed in MR Continuing Services are reflected in an action plan. Yes ☐ No ☐

The action plan(s) contains the following information:

Target date for each action plan (when)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of person responsible for each action plan (who)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How the need is to be achieved	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Does the planning document identify all unmet needs? Yes ☐ No ☐ No unmet needs identified ☐ (If none, go to 9c)

9a. Number of unmet needs as identified in the plan. _____

9b. The planning document includes an interim plan for each unmet need. Yes ☐ No ☐

9c. Were there unmet needs identified during the previous planning cycle(s)? Yes ☐ No ☐

9d. If yes to 9c, have those unmet needs from the previous planning cycle(s) been met? Yes ☐ No ☐

9e. If 9d is no, are those unmet needs addressed in this planning document? Yes ☐ No ☐

10. The planning document reflects all **desires** have been identified. Yes ☐ No ☐

10a. Those desires not addressed in MR Continuing Services are reflected in an action plan. Yes ☐ No ☐

The action plan(s) contain the following information:

Target date for each action plan (when)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of person responsible for each action plan (who)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How the desire is to be achieved	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. The plan documents MR Continuing Services supporting the individual's needs/desires identified in the body of the PCP?

Yes ☐ No ☐

11a. Does the MR Continuing Services form contain target dates & the name of the individual responsible for assuring the service is delivered for each continuing service? Yes ☐ No ☐

12. Does the plan include the name of the person responsible to monitor medical/dental services? Yes ☐ No ☐

12a. Is there a prescribed deviation from an annual medical examination? Yes ☐ No ☐

12b. Is there a prescribed deviation from an annual dental examination? Yes ☐ No ☐

13. Does the plan include the name of the person responsible for updating the critical information and for reporting changes to the ISC/Community CM monthly or sooner if medication changes occur? Yes ☐ No ☐

14. The Individual Service & Supports Assessment from the EIS is attached to the PCP? Yes ☐ No ☐

14a. The assessment reflects all needs and services & supports indicated in the PCP? Yes ☐ No ☐

14b. The assessment was updated within 10 business days after the planning meeting? Yes ☐ No ☐ Updated on _____

Signature indicates this document including the attached Revision Tracking Sheet has been reviewed and is complete and correct.

ISC _____

Date _____

Reviewer _____

Date _____

Reviewer _____

Date _____

Regional Supervisor _____

Date _____

PCP Data Collection Form

02.01.07

Revision Tracking Form

Consumer Name: _____ ISC: _____ Region: _____

****Revisions are to be returned within 14 days of request.****

<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other	Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____	
Date of Request: _____ Reason: _____ <i>Ex. No evidence found of guardian's participation in planning process</i>	
<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>	
<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other	Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____	
Date of Request: _____ Reason: _____	
<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>	
<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other	Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____	
Date of Request: _____ Reason: _____	
<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>	
<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other	Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____	
Date of Request: _____ Reason: _____	
<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>	

PCP Data Collection Form
02.01.07

<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other		Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____		
Date of Request: _____ Reason: _____ <i>Ex. No evidence found of guardian's participation in planning process</i>		<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>
<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other		Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____		
Date of Request: _____ Reason: _____		<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>
<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other		Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____		
Date of Request: _____ Reason: _____		<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>
<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other		Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____		
Date of Request: _____ Reason: _____		<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>
<input type="checkbox"/> Revision <input type="checkbox"/> Comment <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other		Request By: <input type="checkbox"/> ISC <input type="checkbox"/> Review Team <input type="checkbox"/> QA Request sent to: _____
<input type="checkbox"/> Planning Document <input type="checkbox"/> Collection Form Q # _____		
Date of Request: _____ Reason: _____		<input type="checkbox"/> Resolved _____ <i>Initials</i> _____ <i>Date</i>